PLACE OF DEATH Barton	71	ED JUL 22	1957		DARD CERTIFICA		STATE	3481 E NUMER	
a. COUNTY Barton b. CITY (If outside expected limits, give TOWNSHIP only) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. FULL NAME OF (If NOT in heapital, give location) C. CITY TOWN C. CITY TOWN C. CITY TOWN C. CITY ADDRESS 405 W— 14th C. CITY TOWN C. CITY	•••			rict No	15 Pri	mary Registration District No.	3004 Regist	61	
OR TOWN LAMBER OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. CALLE N	1	- COUNTY -				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Barton admission)			
ADDRESS 4.05 W 14th Yes No		OR Yes TO No [7]				ll OR Tamon			
CHARLES BOYCE VEALE OPATH July 13 1957		HOSPITAL OR		ve location)	*	J. STREET ADDRESS 405 W	(If outside, give location) 14th	/ C Reside on Form Yes ☐ No 📆	
S. SEX 6. COLOR OR RACE 7. MARRYED NAME Sept 25 1859 9. AGE (in. years to subsect VEAR) House 2x wishowed 10b. USUAL OCCUPATION (give war if animal) 10b. SENSES OR 10b. KIND of Business OR 10b. BIRTHPLACE (city and state or country) 10c. CITYZE NOF WHAT COUNTRY 10c. CITYZE NOF WHAT C	3			TP C		•	OF	·	
10. LIVAL DECUPATION (Give kind of week done during miss of world parties) 10. KIND OF BUSINESS OR NOUSTRY 10. Mount of the property of	5		6. COLOR OR RACE	7. MARRYED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	R Ì YEAR IF UNDER 24 HRS	
13s. MOTHER'S MAIDE NAME 13s. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. SAURE OF DEATH (Enter only one cause per lime for (a), (b), and (c).) NOTHER 18. SAURE OF DEATH WAS CAUSED BY: 18. SAURE OF DEATH BY NOTHING TO PART II of Item 18. 19. WAS AUTOPS OF THE	0	d. USUAL OCCUPATION (Give kind of work done tob. during most of working life, even if retired)		106. KIND OF	b. KIND OF BUSINESS OR II. BIRTHPLACE (City and sto		te or country)		
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, or unknown) (If yes, give were or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave ries to give were ries to give cause (a), satisfing the unders (a), lying cause lost. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (d) PERFORMED? YES NO 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE OTHER SIGNIFICANT CONDITIONS 21. I attended the deceased from Death occurred at Town, factory, streen, office bidge, etc.) Death occurred at Town, factory, streen, office bidge, etc.) 13a. BURIAL, CREMATION, 22b. DATE REMOVAL (specify) DUT 1 1 22c. NAME OF CEMETERY OF CREMATORY DEATH OF COUNTY MONEY 22c. DATE SIGNE 22c. DATE SIGNE 22c. DATE SIGNATURE 22c. DATE SIGNATURE 22d. LOCATION (City, town, or county), (State) Barton County, Mo. 22d. FUNERAL DIRECTOR ADDRESS 25c. DATE RECD. BY LOCAL REG. 26. REGISTRAN'S SIGNATURE	134	3a. FATHER'S NAME		==		ME	14. NAME OF HUSBAND OR W	1FE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Conditions, if any, which gave rise to above cause (e), string the under lying cause (e), string the under lying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur not related to the terminal disease condition given in PART II (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur not related to the terminal disease condition given in PART II (d) PERFORMED? YES NO 20c. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF . Hour Month, Day, Year INJURY (e.g., inor about home, p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE form, factory, street, office bidg., etc.) 21. I attended the deceased from ATM / 2, 19 57, to form, factory, street, office bidg., etc.) 22c. DATE SIGNE 22c. DATE SIGNE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) PART II. OTHER SIGNIFICANT CONDITIONS COUNTY STATE (Seele) 22c. DATE SIGNE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Source 22d. REGISTRAR'S SIGNATURE 22d. PURRAL DIRECTOR ADDRESS 25d. DATE RECD. BY LOCAL REG. 26 REGISTRAR'S SIGNATURE	15. (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, ng, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Mande Rudignile Inmer Mo				
Conditions, if any, which gave rise to above cause (a), stating the under lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO DEATH but not related to the terminal disease condition given in PART I (a)		18. CAUSE OF DE PART I. D	EATH WAS CAUSED BY	use per line fo		Right	foot.	INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ## 50 / PERFORMED? PERF		Conditions, if any, which gave rise to above cause (a), stating the under-			terio Delevano.			years	
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE I farm, factory, street, office bidg., etc.) 21. I attended the deceased from Death occurred at 92 Andrews (Degree for title) 22a. SIGNATURE (Degree for title) (Degree for title) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Durial 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	CATION			TIONS CONTRI	BUTING TO DEATH but	not related to the terminal disease		19. WAS AUTOPSY () PERFORMED? YES NO	
INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE WORK 21. I attended the deceased from Death occurred at 97 Death occurred at 97 Destroy 22d. SIGNATURE (Degree or tifle) 23c. NAME OF CEMETERY OR CREMATORY Durial 24. FUNERAL DIRECTOR 20e. PLACE OF INJURY (e.g., in or about home, for injury) 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20f. CITY, TOWN, OR LOCATION COUNTY STATE 22f. DATE SIGNATURE 22c. DATE SIGNATURE 22c. NAME OF CEMETERY OR CREMATORY Barton County Barton County 160 22f. REGISTRAR'S SIGNATURE	CERTIF		SUICIDE HOMICIDE	20ь. DESCR	IBE HOW INJURY OCC	URRED. (Enter nature of injur	y in PART I or PART II of ite		
20d. INJURY OCCURRED WHILE AT NOT WHILE form, factory, street, office bidg., etc.) 21. I attended the deceased from Death occurred at 9 from non-thyldate stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. Date 1957 Howell 24. FUNERAL DIRECTOR 20f. CITY, TOWN, OR LOCATION COUNTY STATE 22c. DATE SIGNATURE 22c. DATE SIGNATURE 23d. LOCATION (City, town, or county) (State) 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	MEDICAL	INJURY a.	m.			· , , , <u>=</u>		· · · · · · · · · · · · · · · · · · ·	
Death occurred at		20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT NOT WHILE TO form, factory, street, office bidg., etc.)							
23c. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY Burton County. Mo. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	•	21. I attended the deceased from April /2, 1957, to July /3, 1957 and last saw him alive on July 12, 1957							
REMOVAL (Specify) burial July 15 1957 Howell 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ———————————————————————————————————		22a. SIGNATURE	nt B	(Degreefor til	t' , , , , ,	22b. ADDRESSO	2, Mo.	22c. DATE SIGNED 7/1 5/57	
	230	REMOVAL (Specify)	· [- ·			L		(State)	
(Licensed Embalmer's Statement on Reverse Side)	24			Lamar,	Missouri	JUL 15 '57	Marie Marie	onanto	

STATEMENT BY LICENSED EMBALMER

P. O. Address....

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba-						
by me, or by	, Student Embalmer No					
working under my personal supervision.						
Student	Signed fall of Comments					

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.